

# KENTUCKY BOARD OF DENTISTRY

FALL NEWSLETTER

2001

## BOARD MEMBERS 2001-2002

Mary Ann Burch, R.D.H.  
President  
Frankfort, Kentucky

James Patterson, D.M.D.  
Vice-President  
Louisville, Kentucky

William Dew, D.M.D.  
Secretary-Treasurer  
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Elizabethtown, Kentucky

Darlene Sand Wall, D.M.D.  
Crestview Hills, Kentucky

Matthew Gandolfo, D.M.D.  
Lexington, Kentucky

David Narramore, D.M.D.  
Whitesburg, Kentucky

Julie Gaskill, D.D.S.  
Bowling Green, Kentucky

## Purpose of the Board of Dentistry

The Kentucky Board of Dentistry was created by the General Assembly to protect the public by regulation of the practice of dentistry and dental hygiene through licensure, approval of educational standards, and the registration of dental laboratories and technicians. The Kentucky Board of dentistry is a separate and distinct entity from any professional association and is an agency of the Commonwealth of Kentucky.

## Board Members Appointed by Governor Patton.

Julie Gaskill, D.D.S., of Bowling Green, KY and David Narramore, D.M.D. of Whitesburg, KY, have been appointed to the Kentucky Board of Dentistry, by Governor Paul E. Patton for a term of four years expiring June 30, 2005. Dr. Gaskill is replacing William Smith, D.M.D. who has served for the past eight years. Dr. Narramore is replacing Susan Gibson, D.M.D. who has also served for the past four years.

## Legislative Update - New HIV Guidelines

Effective July 15, 2001 a new HIV/AIDS law went into effect. This new law simply states that practitioners would be able to take the HIV/AIDS course once every 10 years and it would be up to each Board on how to implement this law.

It has been the decision of the Board of Dentistry that beginning with this renewal period for dentists that each dentist renewing their Kentucky Dental License will submit with their renewal, a copy of the certificate showing that an HIV/AIDS course was taken in 1999, 2000, or 2001. If this is not sent in with your renewal, this will cause a delay

in the renewal of your license, which could subject you to a \$50.00 reinstatement fee if not received or postmarked by December 31, 2001. Anyone taking a course during this time will not be required to take it again for 10 years. You will be notified on future renewal applications of the year that you will need to take a course.

Hygienists will need to send in proof of taking an HIV/AIDS course in 1999, 2000, or 2001 when they renew their Kentucky Dental Hygiene license in 2002. **DENTAL HYGIENISTS ARE NOT TO SEND IN PROOF OF TAKING AN HIV/AIDS COURSE BEFORE THE RENEWAL OF YOUR KENTUCKY DENTAL HYGIENE LICENSE IN 2002.**

The Kentucky Board of Dentistry does not discriminate based on race, color, national origin, sex, religion, age or disability in employment or provision of services.

## KASPER REPORTS

☼ June 8, 2002



KASPER is an acronym for: Kentucky All Schedule Prescription Electronic Reporting.

KASPER is a new program that monitors prescriptions for controlled substances. The Drug Control Branch in the Department for Public Health began receiving data from KASPER in June 1999. All dispensers of controlled substances are required to report to KASPER twice a month.

The information in the data base is available to dental practitioners who need to know what controlled substances their patients have obtained in the past. Frequently, dentists are asked by patients to prescribe a particular narcotic. While most instances are legitimate, sometimes the dentist may feel uncomfortable and wonder if the patient is a drug seeker who tries to acquire drugs from multiple practitioners. Previously, the only way a dentist could get information about the patient's history of controlled substances was to telephone the pharmacies in the area and ask. Now, the dentist can make a request to the Drug Control Branch in the Department of Health and obtain a printout. To obtain a report, call Drug Control at 502-564-7985 and ask for a KASPER request form. Fill it out and fax it to Drug Control at 502-564-2203. The report will be sent back to you by fax.

The KASPER report is confidential information. If you request a KASPER report and find the patient is acquiring controlled substances from multiple practitioners and, based on your professional judgment, you believe there may be a problem, you should discuss this with the doctors and pharmacies involved. If the patient has deceived any doctor, a violation of KRS218A.140 has occurred and the patient can be charged criminally. One incident of misrepresentation or withholding information from a single practitioner is.

## BOARD MEETINGS

The Kentucky Board of Dentistry meets on the second Saturday of every odd numbered month. meetings take place at the Board office located at 10101 Linn Station Road, Suite 540, Louisville, Kentucky 40223. Meeting times and places may be changed with advanced notification. We welcome any licensee's attendance. The meetings are open to the public. Future meetings are tentatively scheduled as follows for this fiscal year:

- ☼ November 10, 2001
- ☼ January 12, 2002
- ☼ March 9, 2002
- ☼ May 11, 2002

## ORAL CONSCIOUS SEDATION

With the growing use of oral (enteral) conscious sedation comes the need for more prudent guidelines. This mechanism and route of sedation is a controlled, pharmacological induced, depressed level of consciousness. The drugs, doses, and techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. With oral conscious sedation for the patient 13 years and older the Board of Dentistry is recommending the following guidelines as minimal current standard of care:

- Successful completion of a training program designed to produce competency in the use of the specific modality of conscious sedation.
- Requirement of the dentist and staff to maintain current expertise in Basic Life Support (BLS).
- Equipment:
  - Oxygen delivery system with adequate full face masks and appropriate connectors that are capable of delivering oxygen to a patient under positive pressure
  - Pulse Oximeter
  - Blood pressure cuff and stethoscope
  - Oral air-way
  - Appropriate Emergency drugs
- Proper Anesthesia Records must be maintained as a permanent portion of the patient's file and shall include:
  - Informed consent for oral conscious sedation
  - Vital signs, blood pressure, and pulse must be recorded
  - A complete reporting of patient's weight and all drugs administered, dosages, level of consciousness
  - A discharge level of consciousness must be reported as well as blood pressure and pulse.

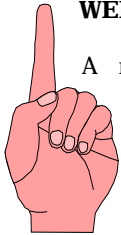
This applies to those dentists who do not already have sedation permits. If a dentist administers or prescribes oral pre-medication for anxiety control only, at the appropriate dosage levels, then the above standards would not apply. If a sedation procedure results in physical injury causing hospitalization of a patient within 24 hours of the procedure, a complete report shall be submitted to the Board within (30)days. The use of the words "sleep dentistry" is discouraged as this implies unconsciousness. Oral (enteral) Conscious Sedation of the dental patient under the age of 13 would require a permit and following the guidelines described in the *Laws and Administrative Regulations relating to the*

### **BOARD OFFICERS FOR 2001-2002**

**The following officers were elected by members of the Board for the 2001-2002 term:**

**Mary Ann Burch, President**  
**James T. Patterson, Vice-President**  
**William C. Dew, Secretary-Treasurer**

### **WELL-BEING COMMITTEE**



A number of Dentists and Dental Hygienists continue to ask, "What is the Well-Being Committee and what do you do?"

The Committee was organized in 1987 due to a resolution mandated by the American Dental Association. I had the "fortune " or "mis-fortune" (depending on who you talk to) to be asked to formulate a committee and a program. With tremendous support of the KY Dental Association we developed our program.

The Well Being Committee is a committee of the Executive Board of the KDA. All eleven component societies of the KDA, the KDHA, University of Louisville and Kentucky and the KY Board of Dentistry are represented on the Well Being Committee as members or as consultants from the respective areas.

Our primary mission is to advocate for any practitioner who is having a problem with Chemical Dependency, including alcohol, illegal drugs or prescription drugs in a professional and confidential manner.

The Well Being Committee is concentrating on providing educational programs and C.E. Courses ranging from 3 hours to a day and one half. Our goal is to present courses during each year featuring experts in the field of drug use and abuse at committee meetings, annual state meeting and hopefully at one or more conferences. This is a lofty goal and we need the support of all of you to help us in attaining that goal. Hey!!! Teamwork is not impossible! It is contagious and good for you. This past February we had the privilege to be a partner in a jointly sponsored conference held in Lexington. For the first time to my knowledge the professions of Dentistry, Medicine, Pharmacy and Nursing were all represented through the efforts of their respective Well Being

Programs. It was quite rewarding to have been a participant in that endeavor.

Presently our same participants are planning the next conference to be held in Lexington in February 2002. More information will be available within the next month.

During the state KDA meeting our six-hour CE course on Friday and our 3-hour course on Saturday were very well attended. Our speaker Dr. Patrick Sammon presented both courses and did a tremendous job. "Thanks Patrick!" The Saturday course was co-sponsored by KDHA. Our thanks to the KDHA.

In closing we need you to help us to help those who need us. As always I want to thank the Board of Dentistry and its members for giving us the opportunity to reach all the licensed dentists and hygienists of our state.

Well Being Help Line  
502/459-5373  
502/896-9752

Many Thanks  
John Green, DMD  
Chair Well Being Committee

### **FDA PUBLIC HEALTH NOTIFICATION**

**Lead Exposure from Dental Films Stored in Lead-Lined Table-Top Containers**

This is to notify you of the potential for harmful lead exposure from dental films stored in containers lined with unpainted lead. We believe that there may be hundreds of these lead-lined boxes currently being used to store dental films. Some of them may have been in use for decades. Most of these boxes are the size and shape of shoe-boxes, made of wood, and lined with lead that has apparently not been painted or coated.

Dental films stored in these boxes have been found to be coated with a whitish film that is about 80% lead. In many cases, there are highly dangerous levels of lead on the films, enough to potentially cause serious adverse health effects in patients and health care professionals. These adverse health effects include anemia and serious neurological damage.

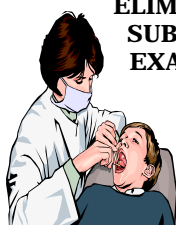
You may obtain more information about public health concerns related to lead from the OSHA website:  
<http://www.osha-slc.gov/SLTC/lead/index.html>.

### **WHAT SHOULD YOU DO?**

- ◆ Discard any dental film that has been put in these boxes.
- ◆ Remove these boxes and dispose of them properly. Call the EPA's RCRA hotline at 1-800-424-9346 to speak to a representative to find your state's lead disposal requirements.



- ◆ Make it a practice to store your dental film according to the manufacturer's instructions.



### **ELIMINATION OF THE USE OF HUMAN SUBJECTS IN THE CLINICAL LICENSURE EXAMINATION**

During the ADA Annual meeting in Chicago in October of 2000 the ADA House of Delegates passed resolution 64H which supports the elimination of the use of human subjects in the clinical licensure examination process by the year 2005. The Kentucky Dental Association at its annual meeting this spring adopted S2001-201 that reads:

*Resolved, that the Kentucky Dental Association supports the elimination of the use of human subjects in the clinical licensure examination process by 2005, and be it further resolved, that the Association transmit this policy to all clinical testing agencies.*

#### **The Kentucky Board of Dentistry's position on this resolution is:**

A Kentucky Dental license is a privilege granted by the citizens of Kentucky after those citizens are assured of competence. The protection of the public requires that the practitioner be capable of demonstrating competence in didactic knowledge and physical dexterity. As to date, adequate clinical simulation of human subjects is not available; therefore, the Kentucky Board of Dentistry does not support Kentucky Resolution S2001-201 or ADA Resolution 64H.

The sole purpose of licensure testing is to protect the public. The Board is not strictly against the elimination of live subjects for the licensure process, but testing agencies do not have the technology or methods available to allow elimination of their use. Many of the skills tested on patients during the licensure examination are the same skills that are required of the candidates when they begin their dental careers. The testing of these skills at the minimal level, using live patients provides reliability and validity to the evaluation of the candidate's clinical competency.

Although the Board recognizes the philosophical concerns with using live patients for licensing tests, we do not believe that using live patients during the clinical examination results in treatment of lower quality than they may receive in practice or in school. Kentucky accepts all regional testing agencies for the licensure of dental and dental hygiene candidates. The testing agencies are in compliance with item 4 of the *Agenda for Change* developed at the Invitational Conference for Dental Clinical Testing Agencies (March 4, 1997), which states:

"4. Minimize the use of human subjects in clinical licensure examination, but where human subjects are

used, ensure that the safety and protection of the patient is of paramount importance and that the patients are procured in an ethical manner."

The 118<sup>th</sup> American Association of Dental Examiners (AADE) Annual Meeting will be in Kansas City, MO on October 11-12, 2001. ADA Resolution 64H (Kentucky Resolution S2001-201) is the topic devoted to this meeting. The clinical licensure process, and the use of patients as a part of that process, is the foundation of how dental professionals have been assessed and licensed for entry into the dental profession for decades. As the arguments on the position to eliminate live patients from the licensing examination escalate, may we remember what best protects the public good and assures that only competent and qualified individuals enter the practice of dentistry.

### **RENEWAL OF ANESTHESIA PERMITS**

Any dentist who has an anesthesia permit will be required to renew this with the dental license renewal. The fee for renewing the anesthesia permit is \$30.00. Along with the renewal you must send in proof of being current in ACLS OR being current in BLS and submit proof of taking six (6) hours of continuing education in anesthesia safety and emergency procedures. These hours will not count towards the thirty (30) hours required to renew your dental license. Failure to submit these documents with the anesthesia permit renewal will delay the renewal of both your license and your anesthesia permit.

The anesthesia permit and dental license must be renewed by December 31 of each renewal period. If your license is not renewed by this date, you are not able to practice beginning January 1 until you have secured a renewal certificate from the Board office. Failure to do this can subject you to disciplinary action and/or costly fines.

If you do not wish to renew your anesthesia permit, simply mark at the top of the renewal that you do not

#### **WEB SITE FOR THE BOARD OF DENTISTRY**

The Board now has a web-site. The Web address is <http://dentistry.state.ky.us>. You will be able to access information on licensure, continuing education, past newsletters, and laws and regulations. You will also be able to do a search for current licensure for dentists and dental hygienists. Please take a moment and visit our web site.

wish to renew, state the reason, sign and date it on the back and mail it in to the Board office. A letter will be sent in a few weeks confirming your request.

### **RETIREMENT OF KENTUCKY LICENSURE**

Any licensee wishing to retire their Kentucky license must do so in writing. The best time to do this, is during a renewal period. Simply mark at the top of the renewal that you do not wish to renew your license, state the reason, sign and date it on the back and mail it in to the Board office. A letter will be sent in a few weeks confirming your request and the steps that will need to be taken if you wish to take it out of retirement.

## RENEWAL CYCLES AND CE REQUIREMENTS

Beginning in 1999 the Board began renewing licenses biennially. Dental Hygienists began renewing their license biennially beginning with the 1999 renewal cycle and will be renewed biennially every renewal cycle thereafter (the odd numbered years). Dentists began renewing their license biennially beginning with the 2000 renewal cycle and will be renewed biennially every renewal cycle thereafter (the even numbered years).

For the two year period, dentists and dental hygienists must get thirty (30) hours of continuing education. Twenty (20) hours must be scientific, dental related, in a presentation format. These are the category "B" hours. No more than ten (10) hours can be business, magazine or journal articles, homestudy, computer or video articles, or non dental health related courses. These are the category "C" hours. You can have all thirty (30) hours in category "B". CPR and HIV **do not** count towards the thirty (30) hours.

## CONTINUING EDUCATION COURSE LISTINGS

The Board receives many calls in regards to obtaining a list of available continuing education courses. The Board office does not keep a listing to send out to licensees for available continuing education courses.

If you are in need of CE courses you may call a college, university, or one of the local societies to obtain information on CE Courses being offered for dentists and hygienists.

LICENSURE REPORT	
<b>DENTISTS</b>	
Newly Licensed for Fiscal Year 00-01	104
Total Number Licensed in Kentucky	2947
Total Number Practicing in Kentucky	2230
<b>DENTAL HYGIENISTS</b>	
Newly Licensed for Fiscal Year 00-01	106
Total Number Licensed in Kentucky	1738
<b>DENTAL LABORATORIES &amp; DENTAL LABORATORY TECHNICIANS</b>	
Total Number of Registered Labs	401
Total Number of Registered Techs	1235

## CHANGE OF ADDRESS

Remember to notify the Board office of any address changes. This must be done in writing and you may fax or mail this to the Board office.

Every renewal period many renewals are mailed to the wrong address simply because a change of address was not sent to the Board office. This can cause a delay in the license being renewed and could cause the licensee to have to pay a renewal reinstatement fee.

All licensees must be renewed by December 31 of each renewal period. If your license is not renewed by this date, you are not able to practice beginning January 1 until you have secured a renewal certificate from the Board office. Failure to do this can subject you to disciplinary action and/or costly fines.

## PATIENT ACCESS TO MEDICAL RECORDS

The Board office is still receiving many calls concerning the dentist not releasing their dental records to them. Under Kentucky's law KRS 422.317, patients are entitled to one copy of their records at no cost. **The law does not contain any language, which would allow you to refuse to release patient records when the patient owes you money.** If possible, radiographs should be a part of the record provided to the patient. If you have no way of reproducing the radiograph(s), the Board declares that a narrative would be sufficient to comply with KRS 422.317.

In the opinion of the Board, the following constitutes, at a minimum, a dental record of the patient:

1. Copy of personal information
2. Copy of medical history
3. Copy of most recent dental charting and periodontal examination, if applicable.
4. Copies of most recent full mouth radiographic survey or panograph, or detailed written report on radiographic finding in lieu of physical radiographs, if applicable.
5. Copy of most recent bitewing radiographs, or a detailed written report on radiographic findings in lieu of physical radiographs, if applicable.
6. Copy of all pathology or medical laboratory reports, if applicable.
7. Copy of all anesthesia records, if applicable
8. Copy of all initial orthodontic diagnostic records, including pretreatment study models, photographs, cephalometric radiographs and cephalometric analysis, if applicable, or a detailed written report in lieu of the physical records.
9. Copy of correspondence with consultants or specialists, if applicable.
10. Copy of treatment and progress notes.